



Helping Employers Manage the Future Cost of Health Care®

2017

POTOMAC COMPANIES ANNUAL CLIENT INFORMATION UPDATE

CORPORATE INFORMATION

Company Name and DBA if applicable			
Headquarters Address:	Street:		
	City:	State:	Zip:
Billing address: if Different	Street:		
	City:	State:	Zip:
Head of Company:	Name:		Title:
	Ph#	Email:	
Primary Contact:	Name:		Title:
	Ph#	Email:	
Secondary Contact:	Name:		Title:
	Ph#	Email:	
Corporation Type:			
Federal Tax ID:			Website: http://
Year Company Established:			
Business Type:			SIC Code:
# of Employees:	Full time:		Accepting Benefits:
	Part-Time:		

15825 Shady Grove Road, Suite 170 Rockville, MD 20850, Phone: 301.840.0770, Toll Free: 800-230-0770, Fax: 301.840.9607
www.potomacco.com

Potomac Insurance, Inc. ♦ Potomac Companies, Inc.

Benefits Information

Payroll	Name of Vendor	#Pay Periods per year:	
New Hire Waiting Period:	Health/Dental/Vision:	Life/Disability:	
Employer Contribution:	% or \$	Amount	Amount for dependents
HSA or HRA:	Administrator:	HSA Contribution	HRA Contribution
FSA Admin:	Dep Care:	Medical Care:	Max \$:
	Rollover Opt.:	Flex Credits:	Amount:
Cobra Administrator:			
Company Benefits & Carrier:	Medical		
	Dental		
	Vision		
	Life/AD&D		
	STD		
	LTD		
	Voluntary Life		
	Other		401k/ Retirement
Wellness Program:	Are incentives awarded based upon participants meeting certain health outcomes?		
Insurance:	Self-Funded		Fully-Funded
	Level Funded		Grandfathered plan
For ALE's (Applicable Large Employers, 50+ FT or FTE employees) and/or self-insured employers:	How do you intend to fulfill the ACA reporting requirements this year?		

Are you interested in our DOL Audit preparedness tool, Cover Your Assets Compliance?

Please return to Sheila O. Allentuck
compliance@potomacco.com

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